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November 18, 2013

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1115 Waiver Comments

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Thank you for the opportunity to submit comments about the proposed 1115 Waiver Concept Paper recently released. I applaud the Governor's Office for attempting to break down some of the silos of Medicaid funding in Illinois and make more efficient use of the limited funds available to support some of our most vulnerable citizens. My comments are organized in the areas you have requested.

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Home and Community Based Infrastructure, Coordination and Choice

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The emphasis to provide additional community-based resources for individuals is to be commended. Significant research and the experience of other states have proven that most people live longer and healthier in community based settings as compared to institutions.

Mark Gineris
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I have serious concerns about "implementing a provider assessment on waiver providers to support access to HCBS services". Community based providers currently struggle with cash flow issues as the result of slow payments from the State of Illinois. Our organization has \$845,000 in state receivables due to us (14% of our annual revenue) with some payments pending still from July 2013. Asking providers to pay an assessment will further exacerbate our cash flow problems.

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The proposed 1115 Waiver suggests development of Patient Centered Health Homes that include "a high level of integration among primary care, hospital and behavioral health providers".

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Some of the most costly beneficiaries of the current waiver services include people with intellectual

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and developmental disabilities (I/DD). The proposed Patient Centered Health Homes do not appear to include people with I/DD or, if they are included, then do not include the community based providers currently supporting them. The Patient Centered Health Homes need to have a place for community based providers of supportive services for people with I/DD.

21st Century Health Care Workforce

There is clearly a need to develop, train and retain a high quality workforce to meet the expanding health care needs of a growing Medicaid population. The proposed 1115 Waiver identifies the need for physicians, nurse practitioners and physician assistants. While these are critical positions to help provide health services there are far more people employed in ancillary health care positions that have more patient contact, and maybe more impact on the outcomes of patient care. As an example, the people with I/DD that live in our group homes are funded through one of the waivers proposed to be consolidated. In any given month they may see a physician once and it is for 10-15 minutes. That same individual with I/DD sees a Direct Support Person (DSP) everyday from 8 – 18 hours per day. The quality of care provided by the DSP will have a much greater impact on the outcomes for this individual than a physician. It is imperative to include DSPs and other similar health care positions as a key part of any strategies to recruit, train and retain a 21st Century Health Care Workforce.

Any strategies to enhance school loan repayment for health care professionals must also include ancillary health care staff. Our Qualified Intellectual Disability Professionals (QIDP) all have a Bachelor's Degree and many have a Master's Degree. They leave college with significant debt. Many choose not to work in our field because of the low wages resulting from the low state reimbursement rates. If their student loans can be forgiven if they work with people with I/DD then our ability to

recruit and retain high quality QIDPs will increase dramatically.

General Comments

The proposed 1115 Waiver is heavily focused on a medical model of care. The content of the concept paper presents information about health outcomes, physicians, hospitals, primary care services, etc. There is some mention of behavioral health services which also have a rehabilitative focus. Persons with Intellectual and developmental disabilities consume a large amount of resources when all nine waivers are combined. The majority of the services provided to people with I/DD are not medical services but are social support services. Services provided to people with I/DD are habilitative instead of rehabilitative. These differences do not appear to be appreciated nor considered in the proposed 1115 Waiver Concept Paper as currently written. I hope this will be improved upon as the waiver process goes forward.

Thank you for your consideration and please feel free to contact me at 708-755-8030 or dstrick@southstarservices.org if I can be of assistance.

Sincerely,

Daniel A. Strick
President/CEO

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